STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	0012604	A. BUILDING: _____ B. WING _____	R 12/19/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PRAIRIE RIDGE ASSISTED LIVING	819 WILCOX ST WAUPUN, WI 53963

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments On 12/17/2024, with information obtained through 12/19/2024, the Bureau of Assisted Living, Southern Regional Office, conducted a verification visit at Prairie Ridge Assisted Living, a community-based residential facility (CBRF) located in Waupun, WI. As a result of the survey, 4 deficiencies were identified. Four deficiencies are repeat deficiencies from Statement of Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Under statutory provisions of Wis. Stat. Chapter 50, a $200 revisit fee is being assessed. Census: 17	{N 000}		
{N 230}	83.19 Orientation Before an employee performs any job duties, the CBRF shall provide each employee with orientation training which shall include all of the following: (1) Job responsibilities; (2) Prevention and reporting of resident abuse, neglect and misappropriation of resident property; (3) Information regarding assessed needs and individual services for each resident for whom the employee is responsible; (4) Emergency and disaster plan and evacuation procedures under s. HFS 83.47(2); (5) CBRF policies and procedures; (6) Recognizing and responding to resident changes of condition.	{N 230}		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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{N 230}	Continued From page 1 This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver R was provided orientation training that included all the required topics before s/he performed any job duties. Caregiver R did not have training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, and information regarding the assessed needs and individual services for each resident whom s/he was responsible. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. Findings include: On 12/17/2024, at approximately 9:35 a.m., Surveyor interviewed Caregiver R, who reported s/he was a caregiver working first shift that day. On 03/05/2024, Surveyor conducted a review of Caregiver R to verify compliance with orientation training requirements. The record for Caregiver R, hired 09/20/2024, did not contain evidence of training in emergency and disaster plan and evacuation procedures, recognizing and responding to resident changes of condition, and information regarding the assessed needs and individual services for each resident whom s/he was responsible. On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator AA and Nurse	{N 230}		

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{N 230}	Continued From page 2 BB. Administrator AA confirmed the provider did not have evidence that Caregiver R completed training in all the required orientation training topics and stated, "It didn't look like [s/he] did it." Administrator AA reported s/he wasn't sure what happened with Caregiver R's training since his/her hire was prior to Administrator AA working with the provider.	{N 230}		
{N 247}	83.22(1)-(4) Task specific training. The CBRF shall provide, obtain or otherwise ensure adequate training for employees performing job duties in all of the following: Assessment of residents. All employees responsible for resident assessment shall successfully complete training in the assessment of residents prior to assuming these job duties. Specific training topics shall include: assessment methodology, assessment of changes in condition, sources of assessment information, and documentation of the assessment. Individual service plan development. All employees responsible for service plan development shall successfully complete training in individual service plan development prior to assuming these job duties. Specific training topics shall include: identification of the resident ' s needs and desired outcomes, development of goals and interventions, service plan evaluation and review of progress. Provision of personal care. All employees responsible for providing assistance with activities of daily living shall successfully complete training prior to assuming these job duties. Specific training topics shall include, as appropriate: bathing, eating, dressing, oral hygiene, nail and foot care, toileting and incontinence care, positioning and body alignment, and mobility and	{N 247}		

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{N 247}	Continued From page 3 transferring. Dietary training. All employees performing dietary duties shall complete dietary training within 90 days after assuming these job duties. Specific training topics shall include: determining nutritional needs, menu planning, food preparation and food sanitation. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Caregiver R obtained all task-specific training as required. Caregiver R, who has responsibilities for providing assistance with activities of daily living, did not have training in the provision of personal care prior to assuming these duties. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, and SOD X5CD11, dated 09/15/2023. Findings include: On 12/17/2024, at approximately 9:35 a.m., Surveyor interviewed Caregiver R, who reported s/he was a caregiver working first shift that day. On 12/17/2024, Surveyor conducted a review of Caregiver R's training records to verify compliance with task-specific training requirements. The record for Caregiver R, hired 09/20/2024, did not contain evidence of personal cares-related	{N 247}		

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{N 247}	Continued From page 4 training or evidence that Caregiver R met an exemption for personal cares training. On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator AA and Nurse BB. Administrator AA confirmed the provider did not have evidence that Caregiver R completed or met an exemption for provision of personal care training prior to assuming these duties and stated, "It didn't look like [s/he] did it." Administrator AA reported s/he wasn't sure what happened with Caregiver R's training since his/her hire was prior to Administrator AA working with the provider.	{N 247}		
{N 352}	83.32(3)(h) Rights of Residents: Receive medication In addition to the rights under s. 50.09, Stats., each resident shall have all of the following rights: Receive medication. Receive all prescribed medications in the dosage and at intervals prescribed by a practitioner. The resident has the right to refuse medication unless the medication is court ordered. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 12 received his/her medications as prescribed by his/her practitioner. On 4 of 6 occasions in which Resident 12's blood pressure and/or pulse values fell within parameters for his/her metoprolol to be held between 11/01/2024 - 12/17/2024, staff administered it. This is a repeat deficiency. See Statement of	{N 352}		

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{N 352}	Continued From page 5 Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Findings include: On 12/17/2024, Surveyor reviewed Resident 12's record. Resident 12 was admitted to the provider on 11/22/2023 with diagnoses including dementia, essential hypertension, and atherosclerotic heart disease. Resident 12's individual service plan (ISP), last signed as reviewed on 10/13/2024, documented that his/her medications were administered by staff. Resident 12's prescriptions included the following: - Metoprolol tartrate 25 mg tablet with instructions to, "Take 1 tablet by mouth 2 times a day in the morning at 10AM and evening *hold if [systolic blood pressure] <120 [and]/or pulse <60*" Surveyor reviewed Resident 12's medication administration records (MARs) from 11/01/2024 - 12/17/2024 as well as his/her vitals history document for the same date range - both where staff documented his/her vitals. Surveyor observed the following 4 occasions in which Resident 12's metoprolol was documented as being administered despite his/her blood pressure and/or pulse value being within the hold parameter: - 11/18/2024 (evening administration): Blood pressure documented as 109/52, metoprolol administered - 12/12/2024 (evening administration): Pulse documented as 57, metoprolol administered - 12/13/2024 (evening administration): Pulse documented as 53, metoprolol administered	{N 352}		

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{N 352}	Continued From page 6 - 12/16/2024 (morning administration): Blood pressure documented as 112/68, pulse documented as 54, metoprolol administered On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator AA and Nurse BB. After reviewing the above occasions, Administrator AA acknowledged Surveyor's concerns that staff were not consistently holding Resident 12's metoprolol in accordance with his/her order. Nurse BB reported that staff had just completed medication training the previous day. Both Administrator AA and Nurse BB reported being unaware of previous concerns related to the application of hold parameters with the administration of medications.	{N 352}		
{N 431}	83.38(1)(g) Health monitoring. As appropriate, the CBRF shall teach residents the necessary skills to achieve and maintain the resident ' s highest level of functioning. In addition to the assessed needs as determined under s. DHS 83.35(1), the CBRF shall provide or arrange services adequate to meet the needs of the residents in all of the following areas: Health monitoring. 1. The CBRF shall monitor the health of residents and make arrangements for physical health, oral health or mental health services unless otherwise arranged for by the resident. Each resident shall have an annual physical health examination completed by a physician or an advanced practice nurse as defined in s. N 8.02(1), unless seen by a physician or an advanced practice nurse as defined in s. N 8.02(1) more frequently. 2. When indicated, a CBRF shall observe residents ' food and fluid intake and acceptance of diet. The CBRF shall report significant deviations from normal food and	{N 431}		

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{N 431}	Continued From page 7 fluid intake patterns to the resident ' s physician or dietician. 3. The CBRF shall document communication with the resident ' s physician and other health care providers, and shall record any changes in the resident ' s health or mental health status in the resident ' s record. This Rule is not met as evidenced by: Based on record review and interview, the provider did not ensure that Resident 12's health was monitored in accordance with blood pressure and pulse monitoring that had implications for the administration of his/her blood pressure medication. Between 11/01/2024 - 12/17/2024, there were 28 occasions in which Resident 12's metoprolol was documented as being administered, but there was no evidence of his/her blood pressure and/or pulse being checked to ensure its administration was indicated in accordance with its administration parameters. This is a repeat deficiency. See Statement of Deficiency (SOD) X5CD13, dated 07/31/2024, SOD X5CD12, dated 03/06/2024, SOD X5CD11, dated 09/15/2023, and SOD NPVS12, dated 11/15/2019. Findings include: On 12/17/2024, Surveyor reviewed Resident 12's	{N 431}		

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{N 431}	Continued From page 8	{N 431}		

record. Resident 12 was admitted to the provider on 11/22/2023 with diagnoses including dementia, essential hypertension, and atherosclerotic heart disease. Resident 12's individual service plan (ISP), last signed as reviewed on 10/13/2024, documented that his/her medications were administered by staff. Resident 12's prescriptions included the following:

- Metoprolol tartrate 25 mg tablet with instructions to, "Take 1 tablet by mouth 2 times a day in the morning at 10AM and evening *hold if [systolic blood pressure] <120 [and]/or pulse <60*"

Surveyor reviewed Resident 12's medication administration records (MARs) from 11/01/2024 - 12/17/2024 as well as his/her vitals history document for the same date range - both where staff documented his/her vitals. Surveyor observed the following 28 occasions in which Resident 12's metoprolol was documented as being administered, but there was no evidence of his/her blood pressure and/or pulse being checked to ensure its administration was indicated:

- 11/01/2024 (evening administration): No pulse documented
- 11/02/2024 (morning and evening administrations): No blood pressure or pulse documented
- 11/03/2024 (morning and evening administrations): No blood pressure or pulse documented
- 11/06/2024 (morning administration): No pulse documented
- 11/07/2024 (morning and evening administrations): No blood pressure or pulse documented
- 11/08/2024 (morning administration): No pulse

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{N 431}	Continued From page 9 documented - 11/09/2024 (morning administration): No pulse documented - 11/10/2024 (morning administration): No pulse documented - 11/11/2024 (morning administration): No blood pressure or pulse documented - 11/12/2024 (evening administration): No blood pressure documented - 11/13/2024 (morning administration): No blood pressure or pulse documented - 11/13/2024 (evening administration): No blood pressure documented - 11/14/2024 (morning administration): No blood pressure or pulse documented - 11/16/2024 (morning administration): No blood pressure or pulse documented - 11/17/2024 (evening administration): No blood pressure or pulse documented - 11/18/2024 (morning administration): No blood pressure or pulse documented - 12/01/2024 (evening administration): No blood pressure or pulse documented - 12/03/2024 (morning administration): No blood pressure or pulse documented - 12/04/2024 (morning administration): No pulse documented - 12/05/2024 (morning administration): No blood pressure or pulse documented - 12/06/2024 (evening administration): No blood pressure or pulse documented - 12/10/2024 (morning administration): No pulse documented - 12/12/2024 (morning administration): No blood pressure or pulse documented - 12/14/2024 (evening administration): No blood pressure or pulse documented - 12/15/2024 (evening administration): No blood pressure or pulse documented	{N 431}		

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{N 431}	Continued From page 10 Surveyor reviewed observation notes for Resident 12 from 11/01/2024 - 12/17/2024 but did not see any evidence documented of his/her blood pressure and/or pulse being checked on the above occasions in relation to his/her metoprolol administration. On 12/19/2024, at approximately 8:00 a.m., Surveyor interviewed Administrator AA and Nurse BB. Administrator AA acknowledged Surveyor's concerns that there was no evidence of staff consistently checking Resident 12's blood pressure or pulse prior to administering his/her metoprolol. Nurse BB reported that staff had just completed medication training the previous day. Both Administrator AA and Nurse BB reported being unaware of staff not consistently checking and documenting Resident 12's blood pressure or pulse in relation to his/her metoprolol administration.	{N 431}		